

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/646,583
	Filing Date	September 19, 2000
	First Named Inventor	Christiaan Frederick du Toit Mostert
	Group Art Unit	5611
	Examiner Name	*
Total Number of Pages in this Submission 4	Attorney Docket Number	2007-00100

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR ' 1.52 or<br>1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69)<br>and Accompanying Petition<br><input type="checkbox"/> To Convert a Provisional<br>Application<br><input type="checkbox"/> Power of Attorney Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance<br>Communication to Group<br><input type="checkbox"/> Appeal Communication to<br>Board of Appeals and<br>Interferences<br><input type="checkbox"/> Appeal Communication to<br>Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Additional Enclosure(s)<br>(please identify below): |
|--|---|---|

12/15/2000 TV0111 00000025 09646583

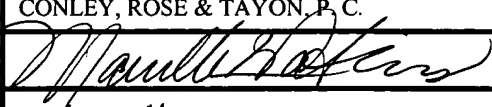
01 FC:298

65.00 OP

## REMARKS:

PTO Transmittal, Declaration, Fee Transmittal, Check for \$65, Postcard

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Marcella D. Watkins CONLEY, ROSE & TAYON, P. C.		
Signature			
Date	December 11, 2000		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 11, 2000

Type or printed name	Dora Lee Robertson		
Signature		Date	December 11, 2000

K:\

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	09/646,583
Filing Date	September 19, 2000
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Group Art Unit	5611
Examiner Name	*
Attorney Docket Number	2007-00100

TOTAL AMOUNT OF PAYMENT

(\$ 65.00)

**METHOD OF PAYMENT (check one)**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No.: 03-2769  
Deposit Account Name: Conley, Rose & Tayon, P.C.

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:  
☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$
106	320	206	160	Design filing fee	\$
107	490	207	245	Plant filing fee	\$
108	710	208	355	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$

**SUBTOTAL (1)** \$**2. EXTRA CLAIM FEES**

Total Claims	* - 20**	=	* x	Extra below	Fee Paid
Independent Claims	*	3	=	* x 80.00	= \$
Multiple Dependent				270.00	= \$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUB TOTAL (2)** \$

\*\*or number previously paid, if greater, For reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	\$65.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	\$
139	130	139	130	Non-English specification	\$
147	2,520	147	2,520	For filing a request for reexam	\$
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	\$
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	\$
115	110	215	55	Extension for reply within 1st month	\$
116	390	216	195	Extension for reply within 2nd month	\$
117	890	217	445	Extension to reply within 3rd month	\$
118	1,390	218	695	Extension to reply within 4th month	\$
128	1,890	228	945	Extension to reply within 5th month	\$
119	310	219	155	Notice of Appeal	\$
120	310	220	155	Filing a brief in support of an appeal	\$
121	270	221	135	Request for oral hearing	\$
138	1,510	138	1,510	Petition to institute a public use proceeding	\$
140	110	240	55	Petition to revive - unavoidable	\$
141	1,240	241	620	Petition to revive - unintentional	\$
142	1,240	242	605	Utility issue fee (or reissue)	\$
143	440	243	220	Design issue fee	\$
144	600	244	300	Plant issue fee	\$
122	130	122	130	Petitions to the Commissioner	\$
123	50	123	50	Petitions related to provisional apps.	\$
126	180	126	180	Submission of Information Dis. Stmt.	\$
581	40	581	40	Recording each patent assignment per property (times number of properties)	\$
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	\$
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	\$
179	710	279	355	Request for Continued Examination (RCE)	\$
169	900	169	900	Request for expedited examination of a design application	\$

Other fee (specify) \$

Other fee (specify) \$

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** \$65.00**SUBMITTED BY**

Typed or Printed Name Marcella D. Watkins

Signature

Date

12/11/00

**Complete (if applicable)**

Registration Number 36,962

Deposit Account User ID 03-2769

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D. C. 20231.

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